

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be reimbursement for date of service (DOS) 07/20/01?
  - b. The request was received on 07/08/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC-60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/29/02. The Requestor did not respond per Rule 133.307 (g)(3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g)(4). The "No Response Submitted" sheet is reflected as Exhibit II of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: letter received via fax on 07/08/02  
**"THE SERVICES BEING BILLED FOR THIS DATE ARE FOR THE INITIAL PHYSICAL THERAPY EVALUATION. ACCORDING TO THE 1996 MEDICAL FEE GUIDELINES PAGE 31 SECTION I (A)(7) CPT CODE 99204 IS THE CORRECT CODE TO BILL FOR THESE SERVICES."**
2. Respondent: none submitted

### **IV. FINDINGS**

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 07/20/02.
2. The carrier's EOB has the denial, "INITIAL VISIT BILLED ON 7/19/01 MUST WITH AN ESTABLISHED PATIENT CODE"-.\*

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR	REFERENCE	RATIONALE:
07/20/01	99204	\$200.00	\$0.00	*	\$106.00	Texas Workers' Compensation Act & Rules, Rule 133.307 (g)(3)(B)	When determining whether or not reimbursement is warranted, the Medical Review Division must first determine that all services were rendered as billed. Also, Commission Rule 133.307 (g)(3)(B) requires "a copy of any pertinent medical records or other documents relevant to the fee dispute." The Requestor has failed to submit any medical documentation for this dispute. Therefore, no reimbursement is recommended.
<b>Totals</b>		\$200.00	\$0.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 4<sup>th</sup> day of December 2002.

Larry Beckham  
 Medical Dispute Resolution Officer  
 Medical Review Division